## Doctors suspended after injecting wrong drug into spine

Clare Dyer legal correspondent, BMJ

Two doctors at Queen's Medical Centre in Nottingham have been suspended and could face manslaughter charges over an injection mix-up that has left a patient close to death.

A teenager with leukaemia has had the anticancer drug vincristine injected into his spine instead of via the correct route—into a vein.

The same mistake has caused 10 previous deaths in Britain. The blunder happens because vincristine is given in conjunction

with an intrathecal drug and doctors mix up the two, although the packaging for vincristine warns that the drug is fatal if injected into the spine. The patient's only chance of survival is if the error is realised quickly and a "wash out" is performed. Of 13 previous cases in Britain since 1985, 10 have been fatal and the rest have resulted in paralysis.

Professor Gordon McVie, director general of the Cancer Research Campaign, said: "It is unspeakable that this should



Pharmacy staff are instructed to dilute vincristine to at least 10 ml. The larger size syringe is meant to alert doctors to the fact that it should not be injected intrathecally (see box)

## Safeguards used to stop certain drugs being given intrathecally

Most hospitals have strict rules to prevent the administration of vincristine and other vinca alkaloids into the cerebrospinal fluid.

The rules at the Great Ormond Street Hospital for Children, London, for example, state that:

- Cytotoxic drugs should be given only by specialist, appropriately trained staff
- The dose of vinca alkaloid should be diluted to at least 10 ml to help distinguish it from drugs intended for intrathecal injection, for which such a large volume is rarely given
- All administration devices containing vinca alkaloids must be labelled: "Warning: Vin...(drug name): For intravenous use only"
- Intrathecal drugs should be administered in a designated areafor example, an operating theatre
- Drugs for intrathecal use should be delivered to the point of use from the pharmacy at a different time and packed separately from other drugs
- No other cytotoxic drugs should be delivered to or stored in such a designated area.

happen in this day and age. It is truly horrible. This drug should never be given by anyone other than a consultant."

The 19 year old patient, whose parents have asked for his name to be withheld, was told what had happened before he slipped into unconciousness a week after the injection was given on 4 January.

In 1991 two junior doctors at Peterborough general hospital were convicted of manslaughter for injecting vincristine into the spine of a 15 year old patient. Their conviction was later overturned on appeal.

In 1999 two doctors at Great Ormond Street hospital in London were formally cleared of manslaughter at the Old Bailey after the Crown Prosecution Service dropped charges against them. Prosecutors decided the death of 12 year old Richie William was caused by a catalogue of "chance events and failings" at the hospital rather than gross negligence by the doctors.

A spokesman for the Department of Health said that a new mandatory system was being set up for reporting adverse events and "near misses," so that lessons could be learned throughout the NHS. "The specific work on spinal injections is being led by Professor Kent Woods, director of the NHS technology assessment programme," he added.

A full inquiry has been started at Queen's Medical Centre to discover what went wrong. (See p 247.) □

## World Bank funds private hospital in India

Gavin Yamey BMJ

The World Bank, whose website (www.worldbank.org) declares "Our dream is a world free of poverty," is backing the construction of a private hospital in Mumbai, India, a move which some health agencies fear sets a precedent for using development assistance for projects that will mainly benefit the rich.

The bank has given the government of Maharashtra state an International Development Association loan of \$134m (£89m), of which 5% will be used to build the private multi-specialty hospital. The hospital will be run by Wockhardt, India's fifth largest pharmaceutical company, which will own 51% of the equity.

Local health campaigners in India are outraged that the bank is funding a private hospital rather than basic primary healthcare services for poorer patients. The Save Public Health Care Campaign, a coalition of non-governmental organisations, trade unions, and "Under the activists, said: instructions of the International Monetary Fund and World Bank, the government has been steadily withdrawing even its minimal commitments to the poor."

International development agencies are also concerned at the bank's involvement in this private venture. Mike Rowson, director of Medical Action for Global Security, said: "The bank is supposed to be focusing on the poor, and it should be supporting government run health services, not a private hospital."

Both the bank and the Maharashtra state government claim that the new hospital will cater not just for rich patients, as it will provide 10% of its services free of charge to patients who cannot afford medical treatment.

Benjamin Thomas, secretary for medical education and drugs for Maharashtra, said, "This isn't just privatisation. Joint ventures like this will enrich India's health system, and the poor people who

can't get services will be helped."

Tawhid Nawaz, task manager at the World Bank, told the *BMJ*: "The state government could not have managed this hospital on its own. The bank is allowed to finance innovative things like this."

But some international health researchers are suspicious of the bank's promises that this private-public venture will improve India's health.

Kasturi Sen, a researcher in Cambridge University's department of public health, said: "This project is ill considered. It is intended for profiteering and has nothing to do with health. The hospital will cater for a super rich transnational population who will come to India for treatment instead of Europe."